

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13467

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6220		Registrar's No. 39			
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Crooked River</u>		c. LENGTH OF STAY (in this place) <u>10</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hardin Rural - Crooked</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Med Hardin Mo</u>				d. STREET ADDRESS (If rural, give location) <u>North of Hardin</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Stevenson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 23-1949</u>						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Jan - 9 - 1869</u>			
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Ray Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>John J. Stevenson</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Wilson</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Stevenson</u> ADDRESS <u>Hardin Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma in Left Lung</u> ANTECEDENT CAUSES DUE TO (b) <u>Pain in chest, short breath, Effusion</u> DUE TO (c) <u>Weakness - Anemia</u> II. OTHER SIGNIFICANT CONDITIONS <u>2 Thoracemas in April - Kansas Hospital, K.C., Mo</u> <u>Malignant Cells in Pleural Fluid</u> 1638				INTERVAL BETWEEN ONSET AND DEATH <u>about 6 mcs</u>	
19a. DATE OF OPERATION <u>4/1 and 4/10 - 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of left lung</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>					
22. I hereby certify that I attended the deceased from <u>at 5:00 p.m., 10/19/48</u> to <u>4/23 -</u> , 19 <u>49</u> , and that death occurred at <u>11-38 a.m.</u> , 19 <u>49</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Marvin Gunnis</u>				23b. ADDRESS <u>Hardin 3010</u>		23c. DATE SIGNED <u>4/23/49</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April - 25 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lexington Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>			
DATE REC'D BY LOCAL REG. <u>April 25 - 1949</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Wiskich</u> ADDRESS <u>Hardin Mo</u>					

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-10-49

FEB 28 1951

MAR 2 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 237

working under my personal supervision.

Signed August Borcharding
Student Embalmer

Signed John W. Knippel
Licensed Embalmer No. 2789

P. O. Address Hardin M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.